

# FEE TRANSMITTAL

## for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Examiner Name	Jason E. Mattis
Art Unit	2665
Attorney Docket No.	BS00337

**RECEIVED**  
**CENTRAL FAX CENTER**
**SEP 29 2005**
**TOTAL AMOUNT OF PAYMENT** **\$790.00**
**METHOD OF PAYMENT (check all that apply)**
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other  
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

**The Director is authorized to: (check all that apply)**
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	180	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
- 20 or HP = 0	0	0
<b>Extra Claims</b>		
- 3 or HP = 0	0	0
<b>Multiple Dependent Claims</b>		
Fee (\$)	0	0
Fee Paid (\$)	0	0

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 0	0	0	0

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 = 0	0	0	0
0 (round up)	0	0	0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 37 CFR 1.114 Request for Continued Examination Fee

**\$790.00**
**SUBMITTED BY:**
**Complete (if applicable)**

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
Signature		Date	09/29/05		